

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Kentuckians For Strong Leadership</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543256       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DMM Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2756.50</div>	
City Arlington	State VA	Zip Code 22209	<b>Transaction ID : 1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>
Purpose of Expenditure Radio / Media Production		Category/ Type	
Name of Federal Candidate Alison Lundergan Grimes		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1379438.66</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div>	
Mailing Address P.O. BOX 25093		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24996.20</div>	
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : 2</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Radio / Media Placement		Category/ Type	
Name of Federal Candidate Alison Lundergan Grimes		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1379438.66</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">27752.70</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 19 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Kentuckians For Strong Leadership</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543256       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>RunSwitch, LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>08 / 04 / 2014</div> </div>	
Mailing Address 6000 Brownsboro Park Blvd Unit F		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">249.36</div>	
City Louisville	State KY	Zip Code 40207	<b>Transaction ID : 3</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Purpose of Expenditure Printing		Category/Type	
Name of Federal Candidate Alison Lundergan Grimes		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1379438.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">249.36</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">28002.06</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Caleb Crosby*

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Date

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09 / 19 / 2014

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